Connecticut Department of Public Health Drinking Water Sectio	n
Water Quality Monitoring and Compliance Schedule	

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0750014	CAMP CLAIRE, INC.				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
15 OAKLAND AV	'ENUE	Connections			7			

Towns Served: LYME

55933 BLADDER TANKS

Monitoring Re	quirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SEASONAL START UP COMPLETION	4/15/2019	

P	ublic Notification R	equiren	nents			
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR)	6/1/17 - 6/5/17	3	10/13/2018		10/23/2018	
REVISED TOTAL COLLEGRM RULE (RTCR)	5/22/18 - 5/30/18	2	6/6/2019		6/16/2019	

Water System Facility and Sampling Point Inventory Total Lead and Water System Water System Facility Sampling Point Sampling Point Coliform Copper Stage ID **Description** Rule Tier Asbestos WQP 2 DBPR Facility ID Rule Status 00600 DISTRIBUTION SYSTEM 4 **DISTRIBUTION SYSTEM** Α Υ DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α 00700 ENTRY POINT **ENTRY POINT** Α 21317 WELL 2 WELL Α

			C	ontact Inf	ormation					
Name				Organization				Job Title		
Ms. Jennifer Aman	tea			Camp Claire,	Inc		Board Member			
Mailing Address Lin	e One		Mailing Add	ress Line Two		City	State	Zip Code		
107 Rice Road						Meriden	1	СТ	06450	
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Address				
			20	3-464-0745		jennifera	ımantea@yahoo.com			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Depa	rtment (of Public	Health	Dri	nking	, Water	Section			
	Wat	ter Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le			
PWS ID	D PWS Name Classification Population Owner Type Primary Source											
CT0750014	CAMP CLAIRE, IN	NC.				ı	1C	25	Р	GW		
Local Address (w	here applicable)			Service	Resider	ntial Co	ommerci	al Industri	al Combin	ed Agricultural		
15 OAKLAND AVI	ENUE			Connectio	ns		7					
Towns Served: LY	/ME											
Contact Role(s):	Legal Contact		<u> </u>									
Name				Organization					Job Titl	e		
Mr. Jeff McBride	!			Camp Claire II	nc.			Facility M	anager			
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code		
P. O. Box 702							Old Lyı	me	СТ	06371		
Business Phone	e Extension	Fax	Mo	obile Phone	Emergency	/ Phone	Email A	Address				
203-213-0913							jeff@c	ampclaire.o	rg			
Contact Role(s):	Administrative	Contact										

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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	Co	onnecticut Dep						•	_		ection		
		Water Qu	iality Mo	onit	oring an	d Con	_		_				
PWS ID	PV	/S Name					Cla	ssification	Popul	ation O	wner Type	Prir	nary Source
CT075010	04 1 F	ERRY ROAD						NC	3!	5	Р		GW
Local Add	dress (whe	re applicable)			Service	Residen	itial	Commerc	ial Ind	dustrial	Combine	ed	Agricultural
1 FERRY R	ROAD				Connections						2		
Towns Se	rved: LYM	E	2.5	••	• -	•	_						
\A/atau C	vetore For	::::: DICTRIBUTION			oring Requ	ııreme	nts	<u> </u>					
•	oliform (3	cility: DISTRIBUTION	I SYSTEIVI (WSFI	D: 00600)					1	outing /PT	ا ۱	r augrter
	-	t (Sampling Point ID)				Monitori	ina E	Pariod (Collecti	on Perio	· -		er quarter ace Status
			ina Doints						Jonecui	on Peno			
Seie	ct irom in	entory of Active Sampl	ing Points			10/1/18 - 1/1/19 -							plete plete
												COII	piete
						4/1/19 - 7/1/19 -							
Dla cai a a l	l D	(DDC)				//1/19 -	- 9/3	0/19		4		٠١	
_		ters (PPS)				Monitori	: F	Davidad (Callasti	1 ro on Perio	· -		er quarter
		t (Sampling Point ID)				Monitori			Lonectio	on Perio			nce Status
וצוט	KIBUTION	SYSTEM (4)				10/1/18 - 12/31/18							plete
						1/1/19 - 3/31/19 Comple 4/1/19 - 6/30/19						piete	
Motor C	ustom Fa	silitur FAITDY DOINT	/MCE ID: 00	2700\		7/1/19 -	- 9/3	0/19					
	-	te (NOX)	(WSF ID: U	J700)							1 routing	/DT) per year
		te (NOX) t (Sampling Point ID)				Monitori	ina E	Pariod (Collecti	on Perio		-	nce Status
	RY POINT (1/1/18 -			Conecti	on Ferio			plete
EINIT	KT POINT (3)				1/1/10 -							•
						1/1/19 -						COII	plete
			Public	Not	ification R			•					
			1 ubiic		ompliance		_	Public N	lotifica	tion	DN C	ortif	ication
Violation	/Situation				Period	Tier		Required		formed	Due to DP	_	Received
E. Coli	,			4/1	/18 - 6/30/18	3		9/10/2019		ormea	9/20/201		Necervea
		Water	System F		ity and Sar			· ·		v	3, 23, 232		
Water			-,							Lead an	nd		
System	Water S	stem Facility	Sampling	Point	Sampling Poi	nt			liform	Coppe			Stage
Facility IE	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ID		Description				Rule			s V	/QP 2 DBPF
00501	WELL 1		2		WELL 1			A					<u>-</u>
00600		JTION SYSTEM	4		DISTRIBUTION	N SYSTEM	1	Α					
			· ·	REAM	WITHIN 5 SER			A					
			UPSTRE		WITHIN 5 SEF			A					
00700	ENTRY P	OINT	3		ENTRY POINT		-	A					
20.00				Con	tact Inform)						
Name					rganization						Job Title	2	
Ms. Susar	n Birch								Owr	ner	100 1101		
5 4 5 4 1									J 101				

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City

Old Lyme

Emergency Phone Email Address

State

CT

Zip Code

06371

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

P.O. Box 746

Business Phone

860-434-8016

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

			0		1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0750104	1 FERRY ROAD				NC	35	Р	GW
Local Address (v	vhere applicable)		Service	Resider	ntial Commerci	al Industri	al Combine	ed Agricultural
1 FERRY ROAD			Connections				2	

Towns Served: LYME

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